

Well Name_____



DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF GAS AND OIL
P.O. BOX 1416
ABINGDON, VA 24210
(276) 676-5423

REPORT OF COMPLETION OF WORK IF DRILLING, REDRILLING OR DEEPENING IS INVOLVED

DRILLING CONTRACTOR: _____

ADDRESS: _____

TELEPHONE: _____

GEOLOGICAL TARGET FORMATION: _____

DEPTH OF COMPLETED WELL: _____

DRILLING RIG: Rotary _____/ Cable tool _____/

GEOLOGICAL DATA:

	TOP	DEPTH	BOTTOM	THICKNESS
--	-----	-------	--------	-----------

Fresh water:

Salt water:

Geothermal
Resources:

The data on depth of strata is based on the source (s) checked below:

- _____ Applicant's own drilling experience in the area
_____ Information already in the possession of the Inspector
_____ As follows: _____

DGO-G-05A
Revised 6/16/89

Well Name_____

COMPLETION OF PRODUCTION OF WELL WORK: CASING AND TUBING PROGRAM

PROGRAM DETAILS:

	SIZE	TOP	BOTTOM	LENGTH	PERFORATED FROM	TO
SURFACE CASING CIRCULATED & CEMENTED TO SURFACE						
PRODUCTION CASING CIRCULATED & CEMENTED TO SURFACE						
OTHER CASING AND TUBING LEFT IN THE WELL						

METHOD OF CEMENTING: _____

FORMATIONS ENCOUNTERED: _____

DEVIATION TEST RESULTS:

Well Name _____

CASING AND TUBING PROGRAM AFFIDAVIT

I, the undersigned verify that the casing and tubing program was carried out in the aforementioned fashion and in accordance with Regulation 5G of the regulations of the Geothermal Resource Conservation Act.

Signature: _____

Title: _____

Date: _____, 20 ____

Subscribed and sworn before me, a Notary Public in and for the County and State aforesaid, this _____ day of _____, 20____.

My Commission expires _____, 20 ____.

Notary Public